IDR-283 Oil and Gas Production Assessment Return Station 374

Step 1: Identify your business		Do not v	write above this line.
1 Name	3 Liability period		
2 Address Number and street	4 Daytime telephone numb	er ()	
City State ZIP	_		
Step 2: Figure your oil and gas production	on assessment due		
5 Write your total proceeds of production for this liability period.		5 \$	
6 Multiply Line 5 by 0.1% (.001). This amount is the oil and gas pro- Make your check payable to "Illinois Department of Revenue."	oduction assessment due.	6 \$	
Step 3: Sign below			
Under penalties of perjury, I state that I have examined this return a	nd, to the best of my knowledge,	it is true, correct, and comp	lete.
Taxpayer's signature Telephone Date	Tax preparer's signature	Telephone	Date
Mail your payment and completed return to: Illinois Department of	of Revenue PO Boy 19467 Spri	nafield II 62704-9467	
man your payment and completed return to. minors Department	or Neverlue, F.O. Box 19407, Spin	nglield, IL 02194-9401.	
This form is authorized by the Illinois Petroleum Edi provide information could result in a penalty. This formation could result in a penalty. This formation could result in a penalty.			ති
Illinois Department of Revenue IDR-283 Oil and Gas Pro Step 1: Identify your business	duction Assess		Station 374 write above this line
IDR-283 Oil and Gas Pro	duction Assess _ 3 Liability period		
IDR-283 Oil and Gas Pro Step 1: Identify your business 1 Name 2 Address	3 Liability period	Do not v	
IDR-283 Oil and Gas Pro Step 1: Identify your business 1 Name 2 Address Number and street	3 Liability period	Do not v	
IDR-283 Oil and Gas Pro Step 1: Identify your business 1 Name 2 Address Number and street City State ZIP	3 Liability period	Do not v	
IDR-283 Oil and Gas Pro Step 1: Identify your business 1 Name 2 Address Number and street City State ZIP Step 2: Figure your oil and gas production	3 Liability period	Yearer ()	write above this line.
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This form is authorized by the Illinois Petroleum Education and Marketing Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center.

Mail your payment and completed return to: Illinois Department of Revenue, P.O. Box 19467, Springfield, IL 62794-9467.

